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APPLICANTS

Gary Allen, Portland, OR;

** CONTINUING DATA *****

NONE CME

** FOREIGN APPLICATIONS *****

NONE CME

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <u>M. J. Hammer</u> Initials: <u>ME</u>	OR	10	30	4

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TITLE

Interference patterning

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